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TO: Examiner Gregory J. Vaughn

FIRM/COMPANY: United States Patent and Trademark Office

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FROM: Jeffrey M. Chamberlain, Esq.

DIRECT DIAL: 609.631.2491

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PTN44238.1

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)
 Applicant(s): Engel et al.

Docket No.
 Deep-5

Application No.
 10/049,271

Filing Date
 February 6, 2002

Examiner
 Gregory J. Vaughn

Group Art Unit
 2178

Invention:

DATA DISPLAY WITH MULTIPLE LAYERED SCREENS

I hereby certify that this Reply & Amendment under 37 CFR 1.111 and Amendment Transmittal Letter
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AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. Deep-5																																					
Applicant(s): Engel et al.																																									
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.																																				
10/049,271	February 6, 2002	Gregory J. Vaughn	28581	2178	7734																																				
Invention: DATA DISPLAY WITH MULTIPLE LAYERED SCREENS																																									
<u>COMMISSIONER FOR PATENTS:</u>																																									
<p>Transmitted herewith is an amendment in the above-identified application.</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED</th> </tr> <tr> <th></th> <th>CLAIMS REMAINING AFTER AMENDMENT</th> <th>HIGHEST # PREV. PAID FOR</th> <th>NUMBER EXTRA CLAIMS PRESENT</th> <th>RATE</th> <th>ADDITIONAL FEE</th> </tr> </thead> <tbody> <tr> <td>TOTAL CLAIMS</td> <td>20</td> <td>20 =</td> <td>0</td> <td>x \$25.00</td> <td>\$0.00</td> </tr> <tr> <td>INDEP. CLAIMS</td> <td>3</td> <td>3 =</td> <td>0</td> <td>x \$100.00</td> <td>\$0.00</td> </tr> <tr> <td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td>\$0.00</td> </tr> <tr> <td colspan="5" style="text-align: center;">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</td> <td>\$0.00</td> </tr> </tbody> </table> <p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. in the amount of</p> <p><input type="checkbox"/> A check in the amount of to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2061</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p><i>[Handwritten Signature]</i> Signature</p> <p>Jeffrey M. Chamberlain, Esq. Registration No. 55,044</p> <p>Duane Morris LLP P.O. Box 5203 Princeton, New Jersey 08543-5203 Tel: (609) 631-2491 Fax: (609) 631-2401</p> <p>cc:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on (Date)</p> <p style="text-align: center;"><i>[Handwritten Signature]</i> Signature of Person Mailing Correspondence</p> <p style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</p> </div>						CLAIMS AS AMENDED							CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	TOTAL CLAIMS	20	20 =	0	x \$25.00	\$0.00	INDEP. CLAIMS	3	3 =	0	x \$100.00	\$0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
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